

## DMV Lane Technician Observation Report

DMV Technician: <u>Robert Harding</u>		Position: <u>1</u> or 2	
Station: <u>Geo</u>	Date: <u>10-10-13</u>	Time:	
Vehicle Make: <u>Jeep</u>	Model: <u>Sport</u>	Year: <u>1997</u>	
GVWR: <u>-</u>	Fuel Type: <u>G</u>	Registration Number: <u>211816</u>	
Auditor: <u>Grieco</u>		<b>Covert/Overt</b> (Circle One)	
		<b>YES</b>	<b>NO</b>
		<b>N/A</b>	
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	
<b>Comment:</b>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Tom Tedley</u>		Position: <u>1</u> or 2	
Station: <u>GEO</u>	Date: <u>10-16-13</u>	Time:	
Vehicle Make: <u>Acura</u>	Model: <u>Integra</u>	Year: <u>1999</u>	
GVWR: <u>-</u>	Fuel Type: <u>G</u>	Registration Number: <u>525409</u>	
Auditor: <u>GRISA</u>		Covert/ <u>Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b> <u>Safety too</u>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Steric Weekes</u>		Position: <u>1</u> or 2	
Station: <u>G20</u>	Date: <u>10-16-13</u>	Time:	
Vehicle Make: <u>Tyota</u>	Model: <u>Camry</u>	Year: <u>1994</u>	
GVWR: <u>-</u>	Fuel Type: <u>G.</u>	Registration Number: <u>383932</u>	
Auditor: <u>Griesa</u>		Covert/ <u>Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	
Comment: <u>safety too</u>			

Original 08/06/2009/TMP



## DMV Lane Technician Observation Report

DMV Technician: <u>Kevin Horsley</u>		Position: <u>1</u> or 2	
Station: <u>G60</u>	Date: <u>10-16-13</u>	Time:	
Vehicle Make: <u>Chev</u>	Model: <u>Blazer</u>	Year: <u>1990</u>	
GVWR: <u>-</u>	Fuel Type: <u>G</u>	Registration Number: <u>233107</u>	
Auditor: <u>Girasa</u>		Covert/Overt (Circle One)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was <b>Emissions</b> testing required?	✓		
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?	✓		
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?	✓		
a) Was Curb Idle testing performed?	✓		
<b>Comment:</b>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Tyrone Handy</u>		Position: <u>1</u> or 2	
Station: <u>Geo</u>	Date: <u>10-16-13</u>	Time:	
Vehicle Make: <u>Chev</u>	Model: <u>Star craft</u>	Year: <u>1993</u>	
GVWR: <u>-</u>	Fuel Type: <u>G</u>	Registration Number: <u>RV4127</u>	
Auditor: <u>Griesen</u>		Covert/ <u>Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	
<b>Comment:</b>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Keith Tabor</u>		Position: <u>1</u> or 2	
Station: <u>GEO</u>	Date: <u>10-16-13</u>	Time: _____	
Vehicle Make: <u>Chev</u>	Model: <u>Tahoe</u>	Year: <u>2009</u>	
GVWR: <u>-</u>	Fuel Type: <u>G</u>	Registration Number: <u>43 496</u>	
Auditor: <u>Griesa</u>		Covert/ <u>Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Curb Idle testing performed?	<input checked="" type="checkbox"/>		
<b>Comment:</b>			

Original 08/06/2009/TMP